

Therapeutic Recreation Summer of Fun and Adventure Day Camp 2018 Registration Form

Please complete this form completely and return it with **payment** info and/or request for PLAY application to:
Therapeutic Recreation, Columbus Recreation and Parks Dept., 1111 E. Broad St, Columbus, OH 43205.
 Registration begins March 17, 2018

Camper Information:

Camper: First Name: _____ Middle Init. _____ Last Name: _____
 Address: _____ City: _____ Zip Code: _____
 Male: ___ Female: ___ Date of Birth: _____ Age: ___ Current Grade: _____ School: _____

Parent/Guardian: First Name: _____ Last Name: _____
 Best Phone: _____ Alternate Phone: _____
 Email Address: _____

Emergency Contact Information

Name: _____	Name: _____
Address: _____	Address: _____
Day Phone: _____	Day Phone: _____
Relationship: _____	Relationship: _____

Camp and Session(s) attending (please Check (✓) the camp and sessions you wish to attend)
Please check the extended care option if you are using this service

Camp Location	Cost	Dodge	Thompson	Franklin Park	Extended Care \$20/week
Sport Camp June 11, 12, 13	\$60				
Session 1 June 11-15	\$90				
Session 2 June 18-22	\$90				
Session 3 June 25-29	\$90				
Session 4 July 2, 3, 5, 6	\$72				
Session 5 July 9-13	\$90				
Session 6 July 16-20	\$90				
Session 7 July 23-27	\$90				
Session 8 July 30-Aug. 3	\$90				
Session 9 Aug. 6-10		Adapted Swim Team –half day \$45.00		Teens only Ages 12-21 \$90.00	

Total Camp Fees: \$ _____

Payment Method: Cash/Check _____ P.L.A.Y. _____ Coupon Code _____ 3 rd Party payer _____ Agency Name _____
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Medical Information

Physician and/or Clinic: _____ Name: _____ Phone: _____

Please circle all that apply to participant: Allergies (see below)

Asthma	Ear Tubes	
Ataxia	Glasses	Scoliosis
Atlantoaxial Subluxation	Hearing Aides	Seizures
Catheter	Heart Condition	Shunt
Diabetes	Hepatitis Carrier	Tracheotomy
		Other: _____

Disability

To assist in ensuring proper staffing and safety, please identify the participants disabling condition. Circle all that apply to the participant and/or write in any disabling conditions or special instructions below.

Arthritis	Autism Spectrum Disorder	Learning Disability	Spina Bifida
Down Syndrome	Attention Deficit Disorder	ADHD	Multiple Sclerosis
Severe DD	Severe Behavior Disorder	Spinal Cord Injury	Cerebral Palsy
Moderate DD	Mild DD	Mental Illness	Muscular Dystrophy
Vision Impaired	Hearing Impaired	Head Injury	Other: _____

Please provide specific information for any medical condition we should be aware of (Seizures, Allergies, Activity Restrictions, etc.) _____

Does participant walk independently? Yes _____ No _____ If no, what assistance is needed? _____

Does participant dress independently? Yes _____ No _____ If no, what assistance is needed? _____

Does participant communicate through speech? Yes _____ No _____ If no, what type of communication is used? _____

Does participant bathroom/toilet independently? Yes _____ No _____ If no, what assistance is needed? _____

Skill Assessment

Please check each statement that applies to your camper. Use the comment section to identify additional skill needed and/or areas of difficulty.

Eating/Drinking(please check all that apply)

<input type="checkbox"/> Drinks from a cup	<input type="checkbox"/> Able to use straw to drink
<input type="checkbox"/> Able to grasp: use spoon	<input type="checkbox"/> Able to unwrap, open containers
	<input type="checkbox"/> Able to open drink containers

Comments/Areas of Difficulty: _____

Receptive Language (please check all that apply)

<input type="checkbox"/> recognizes own name when called	<input type="checkbox"/> responds appropriately to 2 or 3 step directions
<input type="checkbox"/> Reacts or responds when spoken to	<input type="checkbox"/> Responds appropriately to direction when in a small group
<input type="checkbox"/> Responds appropriately to 1-step directions	<input type="checkbox"/> Responds appropriately to directions when in a large group

Comments/Areas of Difficulty: _____

Motor Coordination (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Able to catch a ball rolled | <input type="checkbox"/> Able to Kick a rolling ball |
| <input type="checkbox"/> Able to catch a ball bounced | <input type="checkbox"/> Able to grasp small objects (beads, pencil, etc.) |
| <input type="checkbox"/> Able to catch a ball tossed from a short distance | <input type="checkbox"/> Able to grip/grasp larger objects (tennis ball, racquet, etc.) |
| <input type="checkbox"/> Able to kick a stationary ball | |

Comments/Areas of Difficulty: _____

Social/Behavioral (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Shows interest in others | <input type="checkbox"/> Will sit quietly to watch a program, show, movie, etc. |
| <input type="checkbox"/> Will play/interact cooperatively with others | <input type="checkbox"/> Can identify and take responsibility for personal belongings |
| <input type="checkbox"/> Is tolerant of others, not easily agitated | <input type="checkbox"/> Will play/interact cooperatively within a group |
| <input type="checkbox"/> Is aware of safety concerns when out in the community (traffic, staying with group, etc.) | |

Comments/Areas of Difficulty: _____

Please explain any behavior management techniques used at home or school which eliminate or reduce negative behaviors: _____

Does your child swim independently? ☐ Yes ☐ No

If no, please explain: _____

Medication Policy: Columbus Recreation and Parks Department staff shall not **administer** medication to participants in their programs. All medication taken by participant shall be self administered, and no participant on medication shall be registered in the program unless the person is capable of taking his/her own medications, or parent/guardian is available to administer the medication. Recreation staff may (1) Remind a participant to take medication and ensure directions on the container are followed, (2) Assist participant by taking the medication from the locked storage area and hand it to the participant, and (3) Assist participant with a physical disability in removing the medication, assist in consumption, upon request by or with the consent of the participant(s) parent/guardian.

Please identify type, dosage, and time all medication participant is currently taking.

Medication:	Name	Dosage	Frequency
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

*****Please attach a separate sheet if necessary for Medication info*****

T-Shirt: Each camper will receive a 2018 Summer of Fun and Adventure Day Camp T-Shirt to wear on special trips/activities. T-Shirts are ordered in April/May. Every effort will be made to fit your camper with an appropriate size camp T-shirt when possible. **Please Circle size below.**

Child	Adult	Small	Med.	Large	XLarge	2XLarge
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Consent Page

Participant/Parent/Guardian Release

As a participant, or as a parent/guardian of the participant in this program, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss resulting from participation in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my son/daughter's participation in the program, against Columbus Recreation and Parks Department, City of Columbus, and agents, employees and volunteers. I do hereby fully release and discharge the Columbus Recreation and Parks Department, City of Columbus, and agents, employees and volunteers for any and all claims from injuries, damage, or loss which I have or which may occur to me on account of my son/daughter's participation in program. I further agree to protect, defend, and hold harmless the Columbus Recreation and Parks Department, City of Columbus, agents, employees and volunteers from any and all claims resulting or in any way associated with activities of the program. I have read and fully understand the release form. Before registration in this program is valid, this release form must be signed by the participant's parent/guardian.

Signature of Parent/Guardian_____ Date_____

PUBLIC RELATIONS

Please initial one of the following:

_____I authorize the City of Columbus to use my child's photograph/video for public relations purposes.

-or-

_____I **do not** authorize the City of Columbus to use my child's photograph/video for public relations purposes.

VEHICAL RELEASE

Please initial one of the following:

_____I permit my child to ride in a Columbus Recreation and Parks' vehicle. In some cases, COTA or other private bus transportation may be used. In case of accident or injury I will not hold the City of Columbus or its employees responsible. I understand and assume all risks that may occur during my child's participation.

_____I **do not** permit my child to ride in a Columbus Recreation and Parks' vehicle.

CLIMBING WALL (The climbing wall may visit your child's camp.)

The climbing wall is designed for the amusement/entertainment industry and is a 8' wide by 24' high vertical portable climbing wall with specially made handholds and a motorized, four climber automatic rope belay system for safety. Special training is provided for all staff involved with this program.

I, the undersigned, as parent/legal guardian, consent to his/her participation in the Climbing Wall. I further agree that in consideration of the acceptance of my child's participation, I, the undersigned, on behalf of myself and as parent or legal guardian of the minor participant, for themselves, their heirs, executors, administrators, successors and assignees, do hereby release and discharge the Columbus Recreation and Parks Department, volunteers, support staff, sponsors and employees from any and all claims, damages, demands and causes of action arising from or out my child's participation in this program.

My child and I are aware that participation in activities such as climbing wall is potentially hazardous. Potential risks include, but are not limited to falls, contact with wall, etc. Such risks to my child are known and understood by me. I agree that my child will abide by the direction and instruction of the Columbus Recreation and Parks Department staff during my participation on the climbing wall.

I understand this consent form and agree to its conditions on behalf of my child.

Parent/Guardian Signature _____ Date____/____/____